

Letter to Households in Schools/Districts Participating in
Community Eligibility Provision

Dear Parent or Guardian:

We are pleased to inform you that Windsor Bergen Academy, Inc.

school(s)/district will be implementing a new option available to schools participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP) for School Year 2018-2019.

All enrolled students of Windsor Bergen Academy, Inc.

school(s)/district implementing CEP are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the 2018-2019 school year.

This letter is to inform you that your child(ren) will be able to participate in these meal programs without having to pay a fee or submit an application.

You may be asked to complete a Household Information Survey. Your participation is essential in order for us to provide the Department of Education with the information it needs to ensure our school will continue to receive critical state funding.

If you have any questions, please contact us at: 201-857-4785

SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

Dear Parent/Guardian:

If your children get school meals at no cost, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free meals, unless you tell us not to.** Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Being eligible for free school meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free meals).

❶ No! I DO NOT want my information shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare)

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

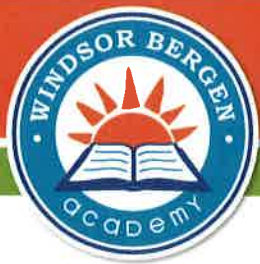
Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

Return this form to your child's school, ONLY if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.



September 2018

Dear Parent/Guardian:

As you may know, our school is participating in a new federal program available to select schools as part of the National School Lunch Program called the Community Eligibility Provision (CEP). Our participation means that all students attending **Windsor Bergen Academy** are eligible to receive breakfast and lunch at no charge throughout the current school year. Therefore, families will not need to complete the federal form, "Application for Free or Reduced Price Meals or Free Milk." However, other educational programs funded by the State of New Jersey require that our school collect similar household information for all students.

In order to collect the information for the State, the New Jersey Department of Education has developed a Household Information Survey. Please take a moment to complete this form and return it to your child's school. Your participation is essential in order for us to provide the Department of Education with the information it needs to ensure our school will continue to receive critical state funding.

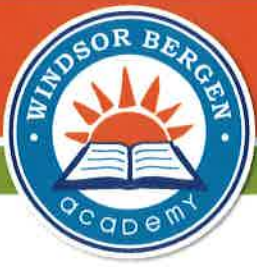
The surveys must be received no later than October 1, 2018. They should be returned as early as possible, and without marks or cross-outs. Additional information and surveys are available using the following link:
<http://www.state.nj.us/education/finance/cep/>.

If you need assistance, please contact Annmarie Scorzo at 973-247-1375.

Thank you in advance for your cooperation in this important matter.

Sincerely,

Justin Siesta
Principal



September 4, 2018

Dear Parent/Guardian

Attached you will find notification of your child's eligibility to participate in the National School Lunch and School Breakfast Program. For the 2018-2019 school year, all Windsor Bergen Academy students may receive free breakfast and lunch through the Community Eligibility Provision of this program.

Each month you will receive menus which will inform you of the daily meal selections. Please review these options with your child, as they will be asked if they will be ordering school lunch daily. If they opt not to eat school lunch, please make sure to send in lunch from home.

Please contact me with any questions at the above number.

Sincerely,

Amy Giesler
Pre-K Coordinator

Dear Parents/Guardians,

Please note that our school is a nut free environment. When sending your child to school with food, please send pre-packaged food so the teachers may read the ingredients on the food label. Please read all labels before sending your child to school with a snack. We have prepared a list of nut free foods and snacks to help you when preparing for your child.

- All fruits and vegetables
- String cheese/cheese
- Kraft handi-snacks (with cheese)
- Ritz crackers (not Ritz bits or sandwiches)
- Goldfish
- Vanilla Wafers
- Cereal (Plain cheerios, Crispex, Corn Flakes, Life, Kix)
- Pretzels
- Special K Snack Bites
- Pop Tarts
- Chips (check for nuts, but most are free)
- Hostess Brand Donuts
- Gripz Chips Ahoy
- Annie's Bunnies
- Saltines
- Rice Cakes (not Quaker Brand)
- Small Bagels (Lender/Thomas Brands)
- Raisins, Craisins and dried fruit
- Yogurt (watch if there are toppings)
- Triscuits and Wheat Thins
- Cheese-Its and Cheese Nips
- Graham Crackers
- Animal Crackers (Austin Zoo)
- Popcorn
- Fig Newtons
- Fruit Snacks
- Oreos
- Hostess Muffins
- Nabisco-Lorna Doone Shortbread
- Breton Brand Crackers
- Wheatables, Air-Crisps
- Nutrigrain cereal and yogurt bars
- Potato Soy Crisps
- Frosted Mini Wheats

** This list is not all the nut free foods available, but just some suggestions. Please read all labels and check for statements such as **“made contain traces of peanuts/nuts”** or **“processed in a place with nuts”**. Ingredients can change over time, so please read the labels carefully. We appreciate your help and understanding with keeping our school a nut free environment. Please contact us if you have any questions. **



WINDSOR BERGEN ACADEMY 40491

Dear Supporter:

Welcome back to the start of a new school year and to a new year of A+ School Rewards! This year's A+ Program runs from September 7, 2018 through March 16, 2019.

Our school Windsor Bergen Academy, ID#: **40491** has the opportunity to participate in and earn **CASH** from A+ School Rewards, a great fundraising program run through your local Stop & Shop!

PLEASE NOTE:

You DO NOT need to re-register your card if your school selection(s) remains the same as last year.

New Supporters or Existing Supporters Wishing to Make Changes:

- Beginning *August 3, 2018*, visit stopandshop.com and select SIGN IN at the top right to log into your online account. Once logged in, select MY ACCOUNT, MANAGE MY ACCOUNT, then REWARDS & SAVINGS to select your school.
- If you do not have an online account, visit stopandshop.com and click REGISTER. Follow the prompts to create your online account. Once logged in, follow the instructions listed above.
- You'll need your 13-digit STOP & SHOP CARD number and the School ID # OR, if you need assistance call 1-877-366-2668 OPTION #1

To Earn Points:

- Use your registered STOP & SHOP CARD each time you shop at any Stop & Shop, and you will earn CASH for our school. You can confirm your school selection by logging into your account.
- At the end of each month, your points are calculated and converted to CASH rewards. These CASH rewards for our school are updated monthly. You can track our progress when you sign in to your online account.
- Our school will receive one CASH rewards check at the end of the program and can use this cash for any of our educational needs.

Also, please encourage your family members and friends to support our school. This could result in more CASH REWARDS!

Thank you for supporting our school.

Sincerely,
Justin M. Siesta, Principal

1-877-275-2758

stopandshop.com/aplus

askaplus@cranecommunications.com



New Jersey Department of Education Household Information Survey 2018 – 2019

County: District: School:

Please complete, sign, and return this form to your child's school.

Part A. Household Members

Fill in the information for every person living in your household (adults & children). For help determining who should be included in the household, see instructions on the third page.

List all who live in the household: Names (<i>Last Name, First Name</i>)	Date of Birth XX-XX-XXXX	Name of School the Student Attends (if applicable)	Grade Level	Student Information (mark as applicable)			
				Migrant	Homeless	Foster	In Head Start
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If household size is greater than 8, list additional household members on a separate paper, and follow special instructions in Part C.

Part B. Benefits Received (if applicable)

- 1) If anyone in the household receives FDPIR, TANF, or SNAP, check the appropriate box(es): FDPIR TANF SNAP (formerly "food stamps")
- 2) If you checked a box, write the full name (Last, First) and 10-digit case number of any one person receiving the benefit and skip to Part D.

Name: Case #:

Part C. Household Size and Gross Income (before deductions)

For help determining your annual income, see page 3 of the survey.

- Households with 8 or fewer people: Check the box below for the Annual Income range that reflects your total annual household income.
- If Household Size is greater than 8, do **not** check an income range, but follow the special instructions below ("Special instructions for households with more than 8 people").

Annual Household Income Ranges*

1. <input type="checkbox"/>	\$0 - \$15,782	5. <input type="checkbox"/>	\$27,015 - \$30,451	9. <input type="checkbox"/>	\$38,444 - \$43,862	13. <input type="checkbox"/>	\$54,428 - \$55,094
2. <input type="checkbox"/>	\$15,783 - \$21,398	6. <input type="checkbox"/>	\$30,452 - \$32,630	10. <input type="checkbox"/>	\$43,863 - \$46,435	14. <input type="checkbox"/>	\$55,095 - \$62,419
3. <input type="checkbox"/>	\$21,399 - \$22,459	7. <input type="checkbox"/>	\$32,631 - \$38,246	11. <input type="checkbox"/>	\$46,436 - \$49,478	15. <input type="checkbox"/>	\$62,420 - \$70,411
4. <input type="checkbox"/>	\$22,460 - \$27,014	8. <input type="checkbox"/>	\$38,247 - \$38,443	12. <input type="checkbox"/>	\$49,479 - \$54,427	16. <input type="checkbox"/>	\$70,412 - \$78,403
						17. <input type="checkbox"/>	\$78,404+

* Special Instructions for households with more than 8 people: Do **not** check the boxes above. Instead, fill in items below:

Household size (# people): Total annual income: \$

Part D: Certification

The head of household or adult designee who completed this form must complete this certification section.

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

Sign Here: X

Print Name:

Date:

Last Four (4) Digits of Social Security Number (Optional): XXX-XX- (may be used to verify the accuracy of the information provided)

Address

City

Zip

Home Phone

Work Phone

Email (optional)

Do not fill out this section. This is for school use only

Status: F: R: N:

Reason for ineligibility:

Determining Official's Signature:

Date:

Confirming Official's Signature:

Date:

New Jersey Department of Education

Household Information Survey Instructions

This survey is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

Part A: Who should I include in "Household"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (they do not share income with you/your children and they pay a share of the expenses), do not include them.

Part B: What are benefits received?

- **TANF:** NJ's Temporary Assistance for Needy Families (WorkFirst NJ)
- **SNAP:** Supplemental Nutrition Assistance Program (formerly food stamps)
- **FDPIR:** Food Distribution Program on Indian Reservations

Part C: What is included in "Annual Household Income"?

Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or, if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the total amount everyone in your household receives from these sources. Do **not** include SNAP or FDPIR payments.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount everyone in your household receives from these sources.
- **All Other Income:** Include for everyone in the household: worker's compensation, unemployment or strike benefits, rental income, interest and dividends, regular contributions received from who do not live in your household, and any other income received. Do **not** include income from WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances, and food or clothing allowances. Do **not** include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay **only** if it is received on a regular basis.

How do I calculate total household income received from multiple sources and/or on a weekly, every two weeks, twice a month, or monthly basis?

- 1) Annualize pay for each source of income based on the above definitions for every household member.
 - a. Use the table below to convert your pay to an Annual Income amount.

Frequency of payment	Annual Income Conversion Amount
Weekly	= 52 x weekly gross (not take-home) income
Bi-Weekly (every two weeks)	= 26 x bi-weekly gross (not take-home) income
Twice per Month	= 24 x gross (not take-home) amount received twice per month
Monthly	= 12 x monthly gross (not take-home) income

- 2) Add together the annualized pay from every person in the household for the total annual household income for Part C.
- 3) If your household has 8 or fewer people, check the box that shows the range for your total income. If your household has more than 8 people, do not check a box; instead, write household size and total annual household income in the space provided.

If your income fluctuates, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, use \$1,000/month as the basis for your annual income. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

Additional information about this survey is available on the CEP Information webpage: <http://www.state.ni.us/education/finance/cep/>.